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3:52PM



PETER BROWNING, DIRECTOR HOWARD LEIBRAND, M.D., HEALTH OFFICER CORINNE STORY, ENVIRONMENTAL HEALTH SUPERVISOR PHONE: (360) 336-9380 FAX: (360) 336-9401

OPERATION-MAINTENANCE & MONITORING REQUIREMENT FOR PROPRIETARY ONSITE SEWAGE SYSTEMS

This form must be recorded before permit approval
NOTICE OF ON-SITE SEWAGE SYSTEM MAINTENANCE AGREEMENT REQUIREMENT
(DESIGN)

GRANTOR: (NAME OF OWNER)	Thomas. H. HOWERTON	
	Shave Drive, Mount Vernon, WA 98273	3
PARCEL#		_
LEGAL DESCRIPTION:	1 Lake Cavanaugh Sub division #2	
LOT # 10/ 15/1000	+ rake cavariandy >00 010051011-2	

THE FOLLOWING INFORMATION HAS BEEN DISCLOSED TO THE HOMEOWNER AS PER SKAGIT COUNTY CODE 12.05.120 AND WASHINGTON ADMINISTRATIVE CODE 246-272A-0015 and 0270:

- 1. Maintenance & Monitoring Required: The septic system to be installed on this lot will require annual or more frequent as required scheduled maintenance and monitoring.
- 2. Contract Required: A contract for perpetual maintenance and monitoring must be obtained before the onsite sewage disposal system is put into use.
- 3. Maintenance Specialist Required: The person performing this service must be certified by the Skagit County Health Department.

I have read and fully understand the conditions contained within this notification. For witnessing or attesting a signature: State of Washington, County of Skagit

(Owner signature) hours of African 7/6/2011

Signed or attested before one on 0.7/06/11 by (Signature of Notary)

date <u>07/06/4</u> My appointment expires <u>A.S. 27, 2</u>017

Notary Public
State of Washington
BLANE W. ROGALLA
MY COMMISSION EXPIRES
August 27, 2012